

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA - SAN FERNANDO

Case number (if known)

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Daniel

First name

James

Middle name

Seavey

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-4191

Debtor 1 Daniel James Seavey

Case number (if known) _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

About Debtor 1:

I have not used any business name or EINs.

**AW CV Entertainment LLC
AW CV Entertainment, Inc.**

Business name(s)

EIN

5. Where you live

**5635 Bellingham Ave
Valley Village, CA 91607**

Number, Street, City, State & ZIP Code

Los Angeles

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

EIN

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No. Yes.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No Yes.

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. Do you rent your residence? No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Daniel James Seavey

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

Debtor 1 **Daniel James Seavey****Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.		
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

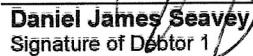
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Signature of Debtor 1

Signature of Debtor 2

Executed on February 16, 2022
MM / DD / YYYYExecuted on _____
MM / DD / YYYY

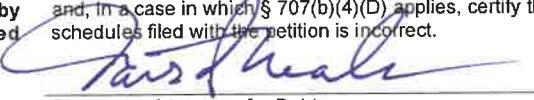
Debtor 1 Daniel James Seavey

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.


Signature of Attorney for Debtor

Date

February 16, 2022

MM / DD / YYYY

David L. Neale 141225

Printed name

Levene, Neale, Bender, Yoo & Golubchik L.L.P.

Firm name

**2818 La Cienega Avenue
Los Angeles, CA 90034**

Number, Street, City, State & ZIP Code

Contact phone (310) 229-1234

Email address

dln@lnbyb.com

141225 CA

Bar number & State

Certificate Number: 15317-CAC-CC-036214925



15317-CAC-CC-036214925

CERTIFICATE OF COUNSELING

I CERTIFY that on December 20, 2021, at 2:07 o'clock PM PST, Daniel J Seavey received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Central District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 20, 2021 By: /s/Glenn Crisostomo

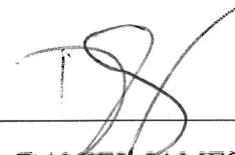
Name: Glenn Crisostomo

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Statement Pursuant to 11 U.S.C. § 1116(1)(A) and (B)

I, Daniel James Seavey, declare under penalty of perjury that: (1) attached to this Statement is my most recent Federal Tax Return; and (2) I have not prepared a balance sheet, statement of operations, or cash-flow statement. Executed this 16th day of February, 2022, at Los Angeles, California.



DANIEL JAMES SEAVEY

Form 1040

Department of the Treasury - Internal Revenue Service

2020

EXTENSION OMB No. 1545-0074

GRANTED TO 10/15/21

U.S. Individual Income Tax Return

IRS Use Only - Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is one box. a child but not your dependent. ►

Your first name and middle initial DANIEL J.	Last name SEAVEY	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. C/O SINGER 6345 BALBOA BL #375		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. ENCINO		State CA ZIP code 91316
Foreign country name	Foreign province/state/county	Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Someone can claim: You as a dependent Your spouse as a dependent

Deduction Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

Dependents (see instructions): If more than four dependents, see instr. and check here ►		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents

<p>Attach Sch. B if required.</p> <p>Standard Deduction for -</p> <ul style="list-style-type: none"> ● Single or Married filing separately, \$12,400 ● Married filing jointly or Qualifying widow(er), \$24,800 ● Head of household, \$18,650 ● If you checked any box under Standard Deduction, see instructions. 	1 Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	1 2,025.	
	2a Tax-exempt interest	2a	2b	
	3a Qualified dividends	3a 564.	3b	1,088.
	4a IRA distributions	4a	4b	
	5a Pensions and annuities	5a	5b	
	6a Social security benefits	6a	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►		7 -3,000.	
	8 Other income from Schedule 1, line 9		8 180,464.	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9 180,577.	
	10 Adjustments to income:			
	a From Schedule 1, line 22	10a 12,841.	10c	12,841.
	b Charitable contributions if you take the standard deduction. See instr.	10b	11	167,736.
	c Add lines 10a and 10b. These are your total adjustments to income		12	35,504.
	11 Subtract line 10c from line 9. This is your adjusted gross income		13	26,334.
	12 Standard deduction or itemized deductions (from Schedule A)		14	61,838.
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		15	105,898.	
14 Add lines 12 and 13				
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-				

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2020)

STMT 3	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	19,445.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	19,445.
	19	Child tax credit or credit for other dependents	19	
	20	Amount from Schedule 3, line 7	20	8.
	21	Add lines 19 and 20	21	8.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	19,437.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	21,083.
	24	Add lines 22 and 23. This is your total tax	24	40,520.
	25	Federal income tax withheld from:		
	a	Form(s) W-2	SEE STATEMENT 4	25a 238.
	b	Form(s) 1099		25b
	c	Other forms (see instructions)		25c
	d	Add lines 25a through 25c		25d 238.
	26	2020 estimated tax payments and amount applied from 2019 return	STATEMENT 5	26 35,700.
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit. Attach Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Recovery rebate credit. See instructions	30	
	31	Amount from Schedule 3, line 13	31	5,000.
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	5,000.
	33	Add lines 25d, 26, and 32. These are your total payments	33	40,938.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	418.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	► b	Routing number <input type="text"/>	► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	► d	Account number <input type="text"/>		
	36	Amount of line 34 you want applied to your 2021 estimated tax <input type="checkbox"/> 36	36	414.
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe now <input type="checkbox"/> 37	37	
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
	38	Estimated tax penalty (see instructions) <input type="checkbox"/> 38	38	4.
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name AARON W. ZIMMER		Phone no. 818 774-1000	Personal identification number (PIN) 17445
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign Here	Your signature	Date	Your occupation MUSICAL ARTIST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Phone no. JEFFCV@ICLOUD.COM			
Paid Preparer Use Only	Preparer's name AARON W. ZIMMER	Preparer's signature AARON W. ZIMMER	Date 10/12/21	PTIN P01200721
				Check if: <input type="checkbox"/> Self-employed
Firm's name	SINGER BURKE ZIMMER & KOGAN LLP			Phone no. 818-774-1000
Firm's address	6345 BALBOA BLVD STE 375 ENCINO, CA 91316			Firm's EIN 95-4537885

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2020)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

DANIEL J. SEAVEY

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1
2a	Alimony received	2a
b	Date of original divorce or separation agreement (see instructions) ►	3
3	Business income or (loss). Attach Schedule C	4
4	Other gains or (losses). Attach Form 4797	5 180,464.
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	6
6	Farm income or (loss). Attach Schedule F	7
7	Unemployment compensation	8
8	Other income. List type and amount ►	9 180,464.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	

Part II Adjustments to Income

10	Educator expenses	10
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11
12	Health savings account deduction. Attach Form 8889	12
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13
14	Deductible part of self-employment tax. Attach Schedule SE	14 10,542.
15	Self-employed SEP, SIMPLE, and qualified plans	15
16	Self-employed health insurance deduction	16 2,299.
17	Penalty on early withdrawal of savings	17
18a	Alimony paid	18a
b	Recipient's SSN	19
c	Date of original divorce or separation agreement (see instructions) ►	20
19	IRA deduction	21
20	Student loan interest deduction	
21	Tuition and fees deduction. Attach Form 8917	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22 12,841.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

DANIEL J. SEAVEY**Part I Tax**

1 Alternative minimum tax. Attach Form 6251	1	0.
2 Excess advance premium tax credit repayment. Attach Form 8962	2	
3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE	4	21,083.
5 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a Household employment taxes. Attach Schedule H	7a	
b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9 Section 965 net tax liability installment from Form 965-A	9	
10 Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	21,083.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2020

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074

► Attach to Form 1040, 1040-SR, or 1040-NR.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

2020
Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

DANIEL J. SEAVEY

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	8.
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	8.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	5,000.
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	5,000.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2020

Recovery Rebate Credit Worksheet - Line 30

Name(s) shown on return DANIEL J. SEAVEY		Your SSN
<p>Before you begin: <input checked="" type="checkbox"/> See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.</p> <p><input checked="" type="checkbox"/> If you received Notice 1444 and Notice 1444-B, have them available.</p> <p>Don't include on line 16 or 19 any amount you received but later returned to the IRS.</p>		
<p>1. Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2.</p> <p><input checked="" type="checkbox"/> No. Go to line 2. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p><input type="checkbox"/> Yes. Stop. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>2. Does your 2020 return include a valid social security number (defined under <i>Valid social security number</i>, earlier) for you and, if filing a joint return, your spouse?</p> <p><input checked="" type="checkbox"/> Yes. Skip lines 3 and 4, and go to line 5.</p> <p>If you are filing a joint return, go to line 3.</p> <p><input type="checkbox"/> No. If you aren't filing a joint return, STOP you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under <i>Valid social security number</i>, earlier)?</p> <p><input type="checkbox"/> Yes. Your credit is not limited. Go to line 5.</p> <p><input type="checkbox"/> No. Go to line 4.</p> <p>4. Does one of you have a valid social security number (defined under <i>Valid social security number</i>, earlier)?</p> <p><input type="checkbox"/> Yes. Your credit is limited. Go to line 5.</p> <p><input type="checkbox"/> No. Stop. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>5. If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:</p> <ul style="list-style-type: none"> • \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3 <p>5. <u>1,200.</u></p> <p>6. Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>6. <u>1,200.</u></p> <p>7. Add lines 5 and 6</p> <p>7. <u>1,200.</u></p> <p>8. If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:</p> <ul style="list-style-type: none"> • \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3 <p>8. <u>600.</u></p> <p>9. Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>9. <u>600.</u></p> <p>10. Add lines 8 and 9</p> <p>10. <u>600.</u></p> <p>11. Enter the amount from line 11 of Form 1040 or 1040-SR</p> <p>11. <u>167,736.</u></p> <p>12. Enter the amount shown below for your filing status:</p> <ul style="list-style-type: none"> • \$150,000 if married filing jointly or qualifying widow(er) • \$112,500 if head of household • \$75,000 if single or married filing separately <p>12. <u>75,000.</u></p> <p>13. Is the amount on line 11 more than the amount on line 12?</p> <p><input type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.</p> <p><input checked="" type="checkbox"/> Yes. Subtract line 12 from line 11.</p> <p>13. <u>92,736.</u></p> <p>14. Multiply line 13 by 5% (0.05)</p> <p>14. <u>4,637.</u></p> <p>15. Subtract line 14 from line 7. If zero or less, enter -0-</p> <p>15. <u>0.</u></p> <p>16. Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here</p> <p>16. <u>0.</u></p> <p>17. Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference</p> <p>17. <u>0.</u></p> <p>18. Subtract line 14 from line 10. If zero or less, enter -0-</p> <p>18. <u>0.</u></p> <p>19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here</p> <p>19. <u>0.</u></p> <p>20. Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference</p> <p>20. <u>0.</u></p> <p>21. Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR</p> <p>21. <u>0.</u></p>		

Form 2210

Department of the Treasury
Internal Revenue ServiceUnderpayment of Estimated Tax by
Individuals, Estates, and Trusts

OMB No.1545-0074

► Go to www.irs.gov/Form2210 for instructions and the latest information.
► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

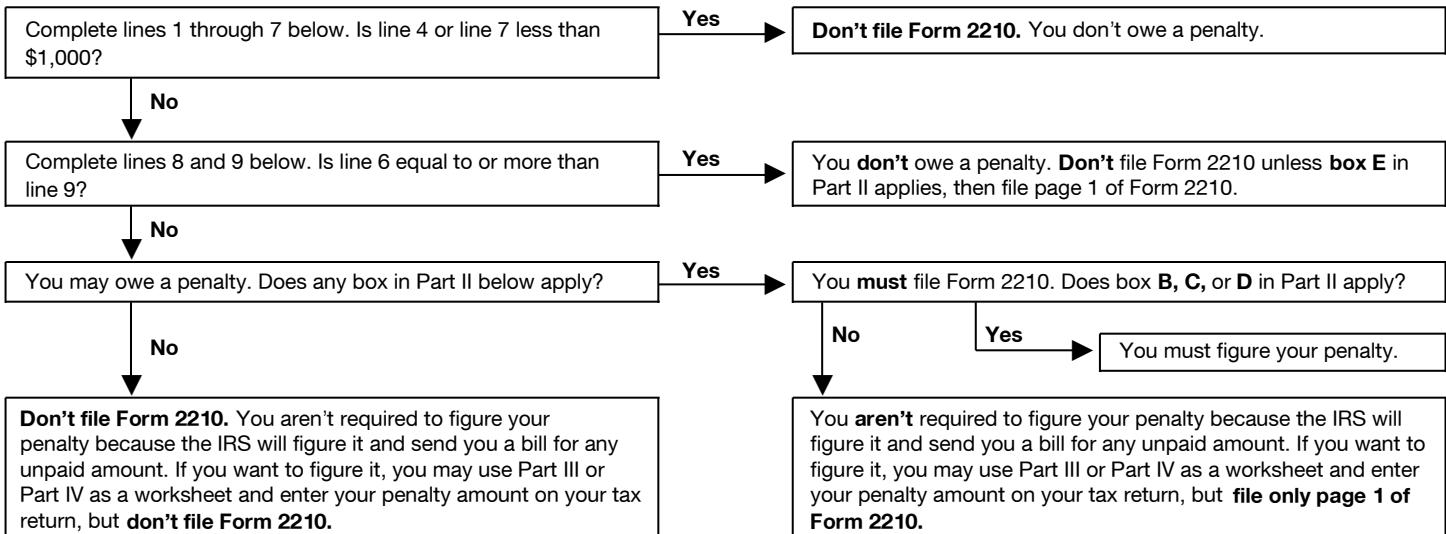
2020
Attachment
Sequence No. 06

Name(s) shown on tax return

Identifying number

DANIEL J. SEAVEY

Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2020 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	19,437.
2	Other taxes, including the portion of 2020 self-employment tax to which the estimated tax requirement applies and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	21,083.
3	Refundable credits, including the premium tax credit (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	40,520.
5	Multiply line 4 by 90% (0.90)	5	36,468.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	238.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	40,282.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	98,424.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	36,468.

Next: Is line 9 more than line 6?

 No. You **don't** owe a penalty. **Don't** file Form 2210 unless box E below applies. Yes. You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

- If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.
- If box **A** or **E** applies (but not **B**, **C**, or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210**.

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

A You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.

B You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.

C Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.

D Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

E You filed or are filing a joint return for either 2019 or 2020, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2210 (2020)

Form 2210 (2020) DANIEL J. SEAVEY

Part IV Regular Method (See the instructions if you're filing Form 1040-NR.)**Section A - Figure Your Underpayment**

(Calendar year filers skip column (b); fiscal year filers, see instructions.)

		Payment Due Dates			
		(a) 7/15/20	(b)	(c) 9/15/20	(d) 1/15/21
18	Required installments. If box C in Part II applies, combine the Schedule A1, line 27, columns (a) and (b) amounts and enter the result here in column (a), then enter the Schedule A1, line 27, columns (c) and (d) amounts in the corresponding columns (c) and (d) here. Otherwise, calendar year filers, enter the following percentages of Form 2210, line 9, as follows: 50% (0.50) in column (a) and 25% (0.25) in columns (c) and (d) (skip column (b) entirely). For fiscal year filers, see instructions	18	18,234.	9,117.	9,117.
19	Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 19 on line 23, column (a). If line 19 is equal to or more than line 18 for all payment periods, stop here; you don't owe a penalty. Don't file Form 2210 unless you checked a box in Part II	19	35,820.	60.	58.

Complete lines 20 through 26 of one column before going to line 20 of the next column.

20		17,586.	17,586.	8,529.
21		17,586.	17,646.	8,587.
22				
23	35,820.	17,586.	17,646.	8,587.
24		0.	0.	
25				530.
26	17,586.	17,586.	8,529.	

Section B - Figure the Penalty (Use the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty in the instructions.)27 **Penalty.** Enter the total penalty from line 14 of the Worksheet for Form 2210, Part IV, Section B - Figure the Penalty. Also include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27.**Don't file Form 2210 unless you checked a box in Part II**

► 27 4.

Form 2210 (2020)

SEE ATTACHED WORKSHEET

Penalty Due (Sum of Column F).

4.

* Date of estimated tax payment, withholding credit date or installment due date.

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service

(99)

Itemized Deductions► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2020

Attachment Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR

Your social security number

DANIEL J. SEAVEY**Medical
and
Dental
Expenses**

	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions) SEE STATEMENT 8	1	775.
2	Enter amount from Form 1040 or 1040-SR, line 11	2	167,736.
3	Multiply line 2 by 7.5% (0.075)	3	12,580.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.

**Taxes You
Paid**

5	State and local taxes.		
a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 7 ► <input type="checkbox"/>	5a	21,691.
b	State and local real estate taxes (see instructions)	5b	11,663.
c	State and local personal property taxes	5c	
d	Add lines 5a through 5c	5d	33,354.
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.
6	Other taxes. List type and amount ►	6	
7	Add lines 5e and 6	7	10,000.

**Interest You
Paid**

Caution: Your mortgage interest deduction may be limited (see instructions).

8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ► <input type="checkbox"/>	8a	25,504.
a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8b	
b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	8c	
c	Points not reported to you on Form 1098. See instructions for special rules	8d	
d	Mortgage insurance premiums (see instructions)	8e	25,504.
e	Add lines 8a through 8d	9	
9	Investment interest. Attach Form 4952 if required. See instructions	10	25,504.
10	Add lines 8e and 9		

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	
12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
13	Carryover from prior year	13	
14	Add lines 11 through 13	14	

**Casualty and
Theft Losses**

15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	

**Other
Itemized
Deductions**

16	Other - from list in instructions. List type and amount ►	16	

**Total
Itemized
Deductions**

17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	35,504.
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ► <input type="checkbox"/>		

Interest and Dividend Summary

Name: DANIEL J. SEAVEY

FEIN/SSN:

	Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Market Discount	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends
A	FIDELITY 2746							1,088.	564.
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals								1,088.	564.

	Capital Gain Distributions	Unrecaptured Section 1250 Gain	Section 1202 Gain	Collectibles	Section 199A Dividends	Investment Expenses	Federal Tax Withheld	State Tax Withheld	Foreign Tax Paid
A	61.				25.				21.
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
Totals	61.				25.				21.

SCHEDULE D

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

OMB No. 1545-0074

► Attach to Form 1040, 1040-SR, or 1040-NR.
 ► Go to www.irs.gov/ScheduleD for instructions and the latest information.
 ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2020
 Attachment Sequence No. **12**

Name(s) shown on return

Your social security number

DANIEL J. SEAVEYDid you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.				
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	12,564.	12,237.		327.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6 ()	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	327.

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.				
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	25,834.	31,119.		<5,285.>
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions	SEE STATEMENT 11		13	61.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14 ()	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2			15	<5,224.>

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2020

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	<4 , 897 .>
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 			
17	Are lines 15 and 16 both gains?		
<input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	► 18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	► 19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952?		
<input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.			
<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
<ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) 		SEE STATEMENT 12	21 (3 , 000 .)
Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
<input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.			
<input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

Schedule D (Form 1040) 2020

Qualified Dividends and Capital Gain Tax Worksheet - Line 16

Keep for Your Records

Name(s) shown on return DANIEL J. SEAVEY		Your SSN
Before you begin: <input checked="" type="checkbox"/> See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax. <input checked="" type="checkbox"/> Before completing this worksheet, complete Form 1040 or 1040-SR through line 15. <input checked="" type="checkbox"/> If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.		
1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet 1. <u>105,898.</u>		
2. Enter the amount from Form 1040 or 1040-SR, line 3a* 2. <u>564.</u>		
3. Are you filing Schedule D?* <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. } ... 3. <u>0.</u> <input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4. Add lines 2 and 3 4. <u>564.</u>		
5. Subtract line 4 from line 1. If zero or less, enter -0- 5. <u>105,334.</u>		
6. Enter: } \$ 40,000 if single or married filing separately, } \$ 80,000 if married filing jointly or qualifying widow(er), } \$ 53,600 if head of household.		
7. Enter the smaller of line 1 or line 6 7. <u>40,000.</u>		
8. Enter the smaller of line 5 or line 7 8. <u>40,000.</u>		
9. Subtract line 8 from line 7. This amount is taxed at 0% 9. <u>0.</u>		
10. Enter the smaller of line 1 or line 4 10. <u>564.</u>		
11. Enter the amount from line 9 11. <u>0.</u>		
12. Subtract line 11 from line 10 12. <u>564.</u>		
13. Enter: } \$ 441,450 if single, } \$ 248,300 if married filing separately, } \$ 496,600 if married filing jointly or qualifying widow(er), } \$ 469,050 if head of household.		
14. Enter the smaller of line 1 or line 13 14. <u>105,898.</u>		
15. Add lines 5 and 9 15. <u>105,334.</u>		
16. Subtract line 15 from line 14. If zero or less, enter -0- 16. <u>564.</u>		
17. Enter the smaller of line 12 or line 16 17. <u>564.</u>		
18. Multiply line 17 by 15% (0.15) 18. <u>85.</u>		
19. Add lines 9 and 17 19. <u>564.</u>		
20. Subtract line 19 from line 10 20. <u>0.</u>		
21. Multiply line 20 by 20% (0.20) 21. <u>0.</u>		
22. Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet 22. <u>19,360.</u>		
23. Add lines 18, 21, and 22 23. <u>19,445.</u>		
24. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet 24. <u>19,495.</u>		
25. Tax on all taxable income. Enter the smaller of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet 25. <u>19,445.</u>		

* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2020Attachment
Sequence No. 13

Name(s) shown on return

Your social security number

DANIEL J. SEAVEY**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes NoB If "Yes," did you or will you file required Form(s) 1099? Yes No**1a** Physical address of each property (street, city, state, ZIP code)**A****B****C**

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
			A	B	C
A	6				
B					
C					

Type of Property:

1 Single Family Residence	3 Vacation/Short-Term Rental	5 Land	7 Self-Rental
2 Multi-Family Residence	4 Commercial	6 Royalties	8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4	21,441.		

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ►	19			
20 Total expenses. Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	21,441.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b	21,441.		
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24	21,441.		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	21,441.		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

DANIEL J. SEAVEY**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	CV ENTERTAINMENT, LLC	P		84-2323416		
B						
C						
D						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				159,023.
B				
C				
D				
29a Totals				159,023.
b Totals				
30 Add columns (h) and (k) of line 29a				30 159,023.
31 Add columns (g), (i), and (j) of line 29b				31 ()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 159,023.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals		
b Totals		
35 Add columns (d) and (f) of line 34a		35 ()
36 Add columns (c) and (e) of line 34b		36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36		37 ()

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39 ()

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ►	41	180,464.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2020

SCHEDULE E

Name DANIEL J. SEAVEY

Passthrough CV ENTERTAINMENT, LLC

ID 84-2323416

SSN/EIN TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	156,724.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments	2,299.							
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	159,023.							159,023.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	159,023.							159,023.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2020

SCHEDULE E

Name DANIEL J. SEAVEY

Passthrough CV ENTERTAINMENT, LLC

ID 84-2323416

SSN/EIN TAXPAYER

PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	159,023.							159,023.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	2,299.							2,299.
Dependent care benefits								
Retirement plans								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								
FORM 8995								
Qualified business income								
Qualified service income								
Section 199A W-2 wages								
Section 199A unadjusted basis	114,131.							114,131.

**SCHEDULE SE
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)

Main Document Page 29 of 68

Self-Employment Tax

OMB No. 1545-0074

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.

► Attach to Form 1040, 1040-SR, or 1040-NR.

2020Attachment
Sequence No.**17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with **self-employment** income ►**DANIEL J. SEAVEY****Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ►

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A

If you received social security retirement or disability benefits, enter the amount of Conservation Reserve

b Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A

(other than farming). See instructions for other income to report or if you are a minister or member of a religious order

SEE STATEMENT 14**1a** _____**1b** _____**2** **159,023.****3** **159,023.****4a** **146,858.****4b** _____**4c** **146,858.****3** Combine lines 1a, 1b, and 2**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions**5a** _____**5b** _____**6** **146,858.****7** **137,700****b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here**8a** **2,025.****8b** _____**8c** _____**8d** **2,025.****9** **135,675.****10** **16,824.****11** **4,259.****12** **21,083.****5a** Enter your **church employee income** from Form W-2. See instructions for

definition of church employee income

13 **10,542.****14** **5,640****b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-**15** _____**16** _____**17** _____**18** _____**19** _____**20** _____**21** _____**22** _____**23** _____**24** _____**25** _____**26** _____**27** _____**28** _____**29** _____**30** _____**31** _____**32** _____**33** _____**34** _____**35** _____**36** _____**37** _____**38** _____**39** _____**40** _____**41** _____**42** _____**43** _____**44** _____**45** _____**46** _____**47** _____**48** _____**49** _____**50** _____**51** _____**52** _____**53** _____**54** _____**55** _____**56** _____**57** _____**58** _____**59** _____**60** _____**61** _____**62** _____**63** _____**64** _____**65** _____**66** _____**67** _____**68** _____**69** _____**70** _____**71** _____**72** _____**73** _____**74** _____**75** _____**76** _____**77** _____**78** _____**79** _____**80** _____**81** _____**82** _____**83** _____**84** _____**85** _____**86** _____**87** _____**88** _____**89** _____**90** _____**91** _____**92** _____**93** _____**94** _____**95** _____**96** _____**97** _____**98** _____**99** _____**100** _____**101** _____**102** _____**103** _____**104** _____**105** _____**106** _____**107** _____**108** _____**109** _____**110** _____**111** _____**112** _____**113** _____**114** _____**115** _____**116** _____**117** _____**118** _____**119** _____**120** _____**121** _____**122** _____**123** _____**124** _____**125** _____**126** _____**127** _____**128** _____**129** _____**130** _____**131** _____**132** _____**133** _____**134** _____**135** _____**136** _____**137** _____**138** _____**139** _____**140** _____**141** _____**142** _____**143** _____**144** _____**145** _____**146** _____**147** _____**148** _____**149** _____**150** _____**151** _____**152** _____**153** _____**154** _____**155** _____**156** _____**157** _____**158** _____**159** _____**160** _____**161** _____**162** _____**163** _____**164** _____**165** _____**166** _____**167** _____**168** _____**169** _____**170** _____**171** _____**172** _____**173** _____**174** _____**175** _____**176** _____**177** _____**178** _____**179** _____**180** _____**181** _____**182** _____**183** _____**184** _____**185** _____**186** _____**187** _____**188** _____**189** _____**190** _____**191** _____**192** _____**193** _____**194** _____**195** _____**196** _____**197** _____**198** _____**199** _____**200** _____**201** _____**202** _____**203** _____**204** _____**205** _____**206** _____**207** _____**208** _____**209** _____**210** _____**211** _____**212** _____**213** _____**214** _____**215** _____**216** _____**217** _____**218** _____**219** _____**220** _____**221** _____**222** _____**223** _____**224** _____**225** _____**226** _____**227** _____**228** _____**229** _____**230** _____**231** _____**232** _____**233** _____**234** _____**235** _____**236** _____

Schedule SE (Form 1040) 2020

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18 Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020

18 0.

19 If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18

19 0.

20 Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020

20

21 Combine lines 19 and 20

21

If line 5b is zero, skip line 22 and enter -0- on line 23.

22 Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020

22

23 Multiply line 22 by 92.35% (0.9235)

23

24 Add lines 21 and 23

24

25 Enter the smaller of line 9 or line 24

25

26 Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)

26

024502 11-17-20

Schedule SE (Form 1040) 2020

Form 1116

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
► Go to www.irs.gov/Form1116 for instructions and the latest information.

2020

Attachment
Sequence No. 19

Name

Identifying number as shown on page 1 of your tax return

DANIEL J. SEAVEY

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ► UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	OTHER COUNTRIES	HTKO		
1a Gross income from sources within country shown above and of the type checked above:	49.	-49.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ► <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:	10,000.			
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)	10,000.			
c Add lines 3a and 3b	53.			
d Gross foreign source income	183,965.			
e Gross income from all sources	.000288098			
f Divide line 3d by line 3e	3.			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	3.	-3.		6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ►	7			

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))	
(j) <input checked="" type="checkbox"/> Paid	(k) <input type="checkbox"/> Accrued	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest		
A 1099 TAX						21.				21.	
B											
C											

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ►

8 21.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2020)

Form 1116 (2020) DANIEL J. SEAVEY

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	21.	
10 Carryback or carryover (attach detailed computation)	10		
(If your income was section 951A category income (box a above Part I), leave line 10 blank.)	11	21.	
11 Add lines 9 and 10	12		
12 Reduction in foreign taxes	13	- 21.	
13 Taxes reclassified under high tax kickout	14	0.	
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	15		
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	16		
16 Adjustments to line 15	17		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	18		
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	19		
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	20		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	21		
20 Individuals: Enter the total of Form 1040 or 1040-SR, line 16, and Schedule 2 (Form 1040), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 16 and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16	22		
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.	23		
21 Multiply line 20 by line 19 (maximum amount of credit)	24	0.	
22 Increase in limitation (section 960(c))			
23 Add lines 21 and 22			
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV ►			

Part IV Summary of Credits From Separate Parts III

25 Credit for taxes on section 951A category income	25		
26 Credit for taxes on foreign branch category income	26		
27 Credit for taxes on passive category income	27		
28 Credit for taxes on general category income	28	8.	
29 Credit for taxes on section 901(j) income	29		
30 Credit for taxes on certain income re-sourced by treaty	30		
31 Credit for taxes on lump-sum distributions	31		
32 Add lines 25 through 31	32	8.	
33 Enter the smaller of line 20 or line 32	33	8.	
34 Reduction of credit for international boycott operations	34		
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a ►	35	8.	

Form 1116 (2020)

Form **1116**Department of the Treasury
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
► Go to www.irs.gov/Form1116 for instructions and the latest information.

2020

Attachment
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

DANIEL J. SEAVEY

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ► **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	HTKO			
1a Gross income from sources within country shown above and of the type checked above:				1a
	49.			49.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income				
e Gross income from all sources				
f Divide line 3d by line 3e				
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	3.			6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7
				46.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
(j) <input checked="" type="checkbox"/> Paid	(k) <input type="checkbox"/> Accrued	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(q) Dividends	(r) Rents and royalties	(s) Interest		
A										
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2020)

Form 1116 (2020) DANIEL J. SEAVEY

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	
10 Carryback or carryover (attach detailed computation)	10	
(If your income was section 951A category income (box a above Part I), leave line 10 blank.)		
11 Add lines 9 and 10	11	
12 Reduction in foreign taxes	12	
13 Taxes reclassified under high tax kickout	13	21.
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	21.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	46.
16 Adjustments to line 15	16	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	46.
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	105,898.
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	.00043
20 Individuals: Enter the total of Form 1040 or 1040-SR, line 16, and Schedule 2 (Form 1040), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 16 and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16	20	19,445.
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.		
21 Multiply line 20 by line 19 (maximum amount of credit)	21	8.
22 Increase in limitation (section 960(c))	22	
23 Add lines 21 and 22	23	8.
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV ►	24	8.

Part IV Summary of Credits From Separate Parts III

25 Credit for taxes on section 951A category income	25	
26 Credit for taxes on foreign branch category income	26	
27 Credit for taxes on passive category income	27	
28 Credit for taxes on general category income	28	
29 Credit for taxes on section 901(j) income	29	
30 Credit for taxes on certain income re-sourced by treaty	30	
31 Credit for taxes on lump-sum distributions	31	
32 Add lines 25 through 31	32	
33 Enter the smaller of line 20 or line 32	33	
34 Reduction of credit for international boycott operations	34	
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a ►	35	

Form 1116 (2020)

Form 6251

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2020
Attachment
Sequence No. 32► Go to www.irs.gov/Form6251 for instructions and the latest information.

► Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

DANIEL J. SEAVEY

Part I Alternative Minimum Taxable Income

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	105,898.
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	10,000.
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8	2b	
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$745,200, see instructions.)	4	115,898.

Part II Alternative Minimum Tax (AMT)

5	Exemption.	IF your filing status is ...	AND line 4 is not over ...	THEN enter on line 5 ...	5	72,900.
		Single or head of household	\$518,400	\$72,900		
		Married filing jointly or qualifying widow(er)	1,036,800	113,400		
		Married filing separately	518,400	56,700		
		If line 4 is over the amount shown above for your filing status, see instructions.				
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10				6	42,998.
7	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result				7	11,118.
8	Alternative minimum tax foreign tax credit (see instructions)				8	5.
9	Tentative minimum tax. Subtract line 8 from line 7				9	11,113.
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions)				10	19,437.
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1				11	0.

019481 12-16-20 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 6251 (2020)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12 Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	42,998.
13 Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	13	564.
14 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	14	
15 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	564.
16 Enter the smaller of line 12 or line 15	16	564.
17 Subtract line 16 from line 12	17	42,434.
18 If line 17 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result ►	18	11,033.
19 Enter: • \$80,000 if married filing jointly or qualifying widow(er), • \$40,000 if single or married filing separately, or • \$53,600 if head of household.	19	40,000.
20 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0. If you are filing Form 2555, see instructions for the amount to enter	20	105,334.
21 Subtract line 20 from line 19. If zero or less, enter -0-	21	0.
22 Enter the smaller of line 12 or line 13	22	564.
23 Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	0.
24 Subtract line 23 from line 22	24	564.
25 Enter: • \$441,450 if single • \$248,300 if married filing separately • \$496,600 if married filing jointly or qualifying widow(er) • \$469,050 if head of household	25	441,450.
26 Enter the amount from line 21	26	0.
27 Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter	27	105,334.
28 Add line 26 and line 27	28	105,334.
29 Subtract line 28 from line 25. If zero or less, enter -0-	29	336,116.
30 Enter the smaller of line 24 or line 29	30	564.
31 Multiply line 30 by 15% (0.15) ►	31	85.
32 Add lines 23 and 30	32	564.
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.		
33 Subtract line 32 from line 22	33	0.
34 Multiply line 33 by 20% (0.20) ►	34	
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.		
35 Add lines 17, 32, and 33	35	
36 Subtract line 35 from line 12	36	
37 Multiply line 36 by 25% (0.25) ►	37	
38 Add lines 18, 31, 34, and 37	38	11,118.
39 If line 12 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	39	11,179.
40 Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	11,118.

Form 1116

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
► Go to www.irs.gov/Form1116 for instructions and the latest information.

2020

Attachment
Sequence No. 19

Name

Identifying number as shown on page 1 of your tax return

DANIEL J. SEAVEY

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ► UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	OTHER COUNTRIES	HTKO		
1a Gross income from sources within country shown above and of the type checked above:	49.	-49.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ► <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income	53.			
e Gross income from all sources	183,965.			
f Divide line 3d by line 3e	.000288098			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	0.			6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ►				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))	
(j) <input checked="" type="checkbox"/> Paid	(k) <input type="checkbox"/> Accrued	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest		
A 1099 TAX						21.				21.	
B											
C											

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ► 8 21.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2020)

Form 1116 (2020) DANIEL J. SEAVEY

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	21.	14
10 Carryback or carryover (attach detailed computation)	10		
(If your income was section 951A category income (box a above Part I), leave line 10 blank.)	11	21.	
11 Add lines 9 and 10	12		
12 Reduction in foreign taxes	13	- 21.	
13 Taxes reclassified under high tax kickout	14	0.	
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	15		
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	16		
16 Adjustments to line 15	17		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	18		
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	19		
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	20	11,118.	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	21		
20 Individuals: Enter the total of Form 1040 or 1040-SR, line 16, and Schedule 2 (Form 1040), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 16 and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16	22		
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.	23		
21 Multiply line 20 by line 19 (maximum amount of credit)	24	0.	
22 Increase in limitation (section 960(c))			
23 Add lines 21 and 22			
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV	▶ 24		

Part IV Summary of Credits From Separate Parts III

25 Credit for taxes on section 951A category income	25		32
26 Credit for taxes on foreign branch category income	26		
27 Credit for taxes on passive category income	27		
28 Credit for taxes on general category income	28	5.	
29 Credit for taxes on section 901(j) income	29		
30 Credit for taxes on certain income re-sourced by treaty	30		
31 Credit for taxes on lump-sum distributions	31		
32 Add lines 25 through 31	32	5.	
33 Enter the smaller of line 20 or line 32	33	5.	
34 Reduction of credit for international boycott operations	34		
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35	5.	

Form 1116 (2020)

Form 1116

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

2020

Attachment
Sequence No. 19

Name

Identifying number as shown on page 1 of your tax return

DANIEL J. SEAVEY

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch category income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ► UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	HTKO			
i Enter the name of the foreign country or U.S. possession				
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	49.			49.
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income				
e Gross income from all sources				
f Divide line 3d by line 3e				
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	0.			6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7
Part II Foreign Taxes Paid or Accrued				49.

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))	
(j) <input checked="" type="checkbox"/> Paid											
(k) <input type="checkbox"/> Accrued											
(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(q) Dividends	(r) Rents and royalties	(s) Interest					
A											
B											
C											

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2020)

Form 1116 (2020) DANIEL J. SEAVEY

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	
10 Carryback or carryover (attach detailed computation)	10	
(If your income was section 951A category income (box a above Part I), leave line 10 blank.)		
11 Add lines 9 and 10	11	
12 Reduction in foreign taxes	12	
13 Taxes reclassified under high tax kickout	13	21.
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	21.
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	49.
16 Adjustments to line 15	16	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	49.
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	115,898.
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	.00042
20 Individuals: Enter the total of Form 1040 or 1040-SR, line 16, and Schedule 2 (Form 1040), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 16 and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16	20	11,118.
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.		
21 Multiply line 20 by line 19 (maximum amount of credit)	21	5.
22 Increase in limitation (section 960(c))	22	
23 Add lines 21 and 22	23	5.
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV ►	24	5.

Part IV Summary of Credits From Separate Parts III

25 Credit for taxes on section 951A category income	25	
26 Credit for taxes on foreign branch category income	26	
27 Credit for taxes on passive category income	27	
28 Credit for taxes on general category income	28	
29 Credit for taxes on section 901(j) income	29	
30 Credit for taxes on certain income re-sourced by treaty	30	
31 Credit for taxes on lump-sum distributions	31	
32 Add lines 25 through 31	32	
33 Enter the smaller of line 20 or line 32	33	
34 Reduction of credit for international boycott operations	34	
35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a ►	35	

Form 1116 (2020)

Form **8995**Department of the Treasury
Internal Revenue Service**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2020Attachment
Sequence No. **55**

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

DANIEL J. SEAVEY

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	CV ENTERTAINMENT, LLC	84-2323416	146,334.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 146,334.	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 146,334.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 29,267.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 25.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 25.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 5.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 29,272.
11	Taxable income before qualified business income deduction	11 132,232.	
12	Net capital gain (see instructions)	12 564.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 131,668.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 26,334.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return		► 15 26,334.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 ()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ()

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2020)

Activity: CV ENTERTAINMENT, LLC

1. Qualified business income before deductions	<u>156,724.</u>
2. Deductible part of self-employment income:	
a. Net income subject to self-employment tax from this activity	<u>156,724.</u>
b. Total income subject to self-employment tax	<u>159,023.</u>
c. Line 2a divided by line 2b (not greater than 1.000)	<u>.985542972</u>
d. Amount from Schedule 1 (Form 1040), line 14	<u>10,542.</u>
e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	<u>10,390.</u>
3. Self-employed SEP, SIMPLE and qualified plans:	
a. Net income subject to self-employment tax from this activity	
b. Net earnings from	
c. Line 3a divided by line 3b (not greater than 1.000)	
d. Amount from Schedule 1 (Form 1040), line 15	
e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	
4. Self-employed health insurance deduction:	
a. Health insurance payments from this activity	
b. Health insurance limits for activity above	
c. Lesser of line 4a or line 4b	
d. Reserved	
e. Reserved	
f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity	
5. Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions	<u>146,334.</u>

Activity: _____

1. Qualified business income before deductions	
2. Deductible part of self-employment income:	
a. Net income subject to self-employment tax from this activity	
b. Total income subject to self-employment tax	
c. Line 2a divided by line 2b (not greater than 1.000)	
d. Amount from Schedule 1 (Form 1040), line 14	
e. Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	
3. Self-employed SEP, SIMPLE and qualified plans:	
a. Net income subject to self-employment tax from this activity	
b. Net earnings from	
c. Line 3a divided by line 3b (not greater than 1.000)	
d. Amount from Schedule 1 (Form 1040), line 15	
e. Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	
4. Self-employed health insurance deduction:	
a. Health insurance payments from this activity	
b. Health insurance limits for activity above	
c. Lesser of line 4a or line 4b	
d. Reserved	
e. Reserved	
f. Amount from line 4c. This is the allocated SE health insurance deduction for this activity	
5. Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions	

Form 1116

U.S. and Foreign Source Income Summary

NAME

DANIEL J. SEAVEY

INCOME TYPE	TOTAL	U.S.	FOREIGN GENERAL
Compensation	2,025.	2,025.	
Dividends/Distributions	SEE STATEMENT 18 1,088.	1,039.	49.
Interest			
Capital Gains	388.	384.	4.
Business/Profession			
Rent/Royalty	21,441.	21,441.	
State/Local Refunds			
Partnership/S Corporation	159,023.	159,023.	
Trust/Estate			
Other Income			
Gross Income	<u>183,965.</u>	<u>183,912.</u>	<u>53.</u>

Less:

Section 911 Exclusion			
Capital Losses	3,388.	3,384.	4.
Capital Gains Tax Adjustment			
Total Income - Form 1116	<u>180,577.</u>	<u>180,528.</u>	<u>49.</u>

Deductions:

Business/Profession Expenses			
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	10,542.	10,542.	
Self-employment Health Insurance	2,299.	2,299.	
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Charitable Deduction if taking Standard Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	<u>12,841.</u>	<u>12,841.</u>	
Adjusted Gross Income	<u>167,736.</u>	<u>167,687.</u>	<u>49.</u>

Less Itemized Deductions:

Specifically Allocated			
Home Mortgage Interest	25,504.	25,504.	
Other Interest			
Ratably Allocated	10,000.	9,997.	3.
Total Adjustments to Adjusted Gross Income	<u>35,504.</u>	<u>35,501.</u>	<u>3.</u>
Taxable Income	<u>132,232.</u>	<u>132,186.</u>	<u>46.</u>

Form 1116

Allocation of Itemized Deductions

NAME

DANIEL J. SEAVEY

	Total Itemized Deductions	Form 1116		
		Specifically U.S.	Specifically Foreign	Ratable
Medical/Dental				
Taxes	10,000.			10,000.
Interest - Not Including Investment Interest	25,504.	25,504.		
Investment Interest				
Contributions				
Casualty Losses				
Other Miscellaneous Deductions - Not Including Gambling Losses				
Gambling Losses				
Foreign Adjustment				
<u>Total Itemized Deductions</u>	35,504.	25,504.		10,000.

Form 1116

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

DANIEL J. SEAVEY

Foreign Income Category

GENERAL LIMITATION INCOME

Regular

1. Foreign tax paid/accrued
2. FTC carryback to 2020 for amended returns
3. Reduction in foreign taxes
4. Foreign tax available
5. Maximum credit allowable
6. Unused foreign tax (+) or excess of limit (-)
7. Foreign tax carryback
8. Foreign tax carryforward
9. Foreign tax or excess limit remaining

Total foreign taxes from all available years to be carried to next year

	2015	2016	2017	2018	2019	2020
1.						21.
2.						
3.						
4.						21.
5.						8.
6.						13.
7.						
8.						
9.						13.
Total foreign taxes from all available years to be carried to next year						13.

1. Foreign tax paid/accrued
2. FTC carryback to 2020 for amended returns
3. Reduction in foreign taxes
4. Foreign tax available
5. Maximum credit allowable
6. Unused foreign tax (+) or excess of limit (-)
7. Foreign tax carryback
8. Foreign tax carryforward
9. Foreign tax or excess limit remaining

	2010	2011	2012	2013	2014
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Form 1116

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

DANIEL J. SEAVEY

Foreign Income Category

GENERAL LIMITATION INCOME

AMT

1. Foreign tax paid/accrued
2. FTC carryback to 2020 for amended returns
3. Reduction in foreign taxes
4. Foreign tax available
5. Maximum credit allowable
6. Unused foreign tax (+) or excess of limit (-)
7. Foreign tax carryback
8. Foreign tax carryforward
9. Foreign tax or excess limit remaining

Total foreign taxes from all available years to be carried to next year

21.

5.

16.

16.

16.

	2010	2011	2012	2013	2014
1. Foreign tax paid/accrued					
2. FTC carryback to 2020 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

Form 1116

Foreign Source Gains and Losses

NAME

DANIEL J. SEAVEY

PASSIVE INCOME - OTHER COUNTRIES

Long-term capital gain	4 .
Long-term capital loss	_____
Net long-term capital gain/(loss)	4 .
Short-term capital gain	_____
Short-term capital loss	_____
Net short-term capital gain/(loss)	_____
Section 1231 gain	_____
Section 1231 loss	_____
Nonrecaptured net Section 1231 losses	_____
Net Section 1231 gain/(loss)	_____
Non-capital gain	_____
Non-capital loss	_____
Net Section 1231 loss	_____
Recaptured Section 1231 losses	_____
Net non-capital gain/(loss)	_____

Foreign source capital gain/(loss) summary:

Net long-term gain/(loss)	4 .
Net short-term gain/(loss)	_____
Net section 1231 gain	_____
Prorata share of U.S. capital loss adjustment	- 4 .
Total foreign source capital gain/(loss)	_____
Prorata share of capital gain rate differential adjustment	_____
Prorata share of capital loss rate differential adjustment	_____
Net foreign source capital gain/(loss) after adjustment	_____
Net capital loss limitation	_____
Non-capital gains	_____
Foreign source gains/(losses) included on Form 1116, Line 1	0 .
Net capital loss limitation	_____
Net section 1231 loss	_____
Net non-capital asset loss	_____
Other foreign source losses	_____

027971 04-01-20

Foreign source losses included on Form 1116, Line 5	_____
Foreign source capital loss carryover	_____

Form 1116

Foreign Source Gains and Losses - Alternative Minimum Tax

NAME

DANIEL J. SEAVEY

PASSIVE INCOME - OTHER COUNTRIES

Long-term capital gain	4 .
Long-term capital loss	_____
Net long-term capital gain/(loss)	4 .
Short-term capital gain	_____
Short-term capital loss	_____
Net short-term capital gain/(loss)	_____
Section 1231 gain	_____
Section 1231 loss	_____
Nonrecaptured net Section 1231 losses	_____
Net Section 1231 gain/(loss)	_____
Non-capital gain	_____
Non-capital loss	_____
Net Section 1231 loss	_____
Recaptured Section 1231 losses	_____
Net non-capital gain/(loss)	_____
Foreign source capital gain/(loss) summary:	
Net long-term gain/(loss)	4 .
Net short-term gain/(loss)	_____
Net section 1231 gain	_____
Prorata share of U.S. capital loss adjustment	- 4 .
Total foreign source capital gain/(loss)	_____
Prorata share of capital gain rate differential adjustment	_____
Prorata share of capital loss rate differential adjustment	_____
Net foreign source capital gain/(loss) after adjustment	_____
Net capital loss limitation	_____
Non-capital gains	_____
Foreign source gains/(losses) included on Form 1116, Line 1	0 .
Net capital loss limitation	_____
Net section 1231 loss	_____
Net non-capital asset loss	_____
Other foreign source losses	_____
Foreign source losses included on Form 1116, Line 5	_____
Foreign source capital loss carryover	_____

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **CV ENTERTAINMENT, LLC**EIN: **84-2323416****1.** Your adjusted basis at the end of the prior year. Do not enter less than zero.Enter -0- if this is your first tax year **1. 178,006.**

Increases:

2. Money and your adjusted basis in property contributed to the partnership lessthe associated liabilities (but not less than zero) **2. _____****3.** Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2019 Schedule K-1 from your share of liabilities shown in Item K of your 2020 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero) **3. 43,204.****4.** Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds **4. 156,724.****5.** Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities **5. _____****6.** Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion **6. _____**

Decreases:

7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income) **7. 251,292.****Caution:** A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.**8.** Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2020 Schedule K-1 from your share of liabilities shown in item K of your 2019 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero)) **8. _____****9.** Your share of the partnership's nondeductible expenses that are not capital expenditures **9. 7,654.****10.** Your share of the partnership's losses and deductions (including capital losses).However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations **SEE STATEMENT 20 10. 775.****11.** The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property **11. _____****12.** Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0-.) **12. 118,213.****Caution:** The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

Worksheet for Adjusting the Basis of a Partner's Interest in the Partnership

(Keep for your records.)

Name of Entity: **CV ENTERTAINMENT, LLC**

EIN: 84-2323416

1. Your adjusted basis at the end of the prior year. Do not enter less than zero. Enter -0 if this is your first tax year	1. <u>178,006.</u>
Increases:	
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (but not less than zero)	2. <u>0.</u>
3. Your increased share of or assumption of partnership liabilities (Subtract your share of liabilities shown in Item K of your 2019 Schedule K-1 from your share of liabilities shown in Item K of your 2020 Schedule K-1 and add the amount of any partnership liabilities you assumed during the tax year) (but not less than zero)	3. <u>43,204.</u>
4. Your share of the partnership's income or gain (including tax-exempt income) reduced by any amount included in interest income with respect to the credit to holders of clean renewable energy bonds	4. <u>156,724.</u>
5. Any gain recognized this year on contributions of property. Do not include gain from transfer of liabilities	5. <u>0.</u>
6. Your share of the excess of the deductions for depletion (other than oil and gas depletion) over the basis of the property subject to depletion	6. <u>_____</u>
Decreases:	
7. Withdrawals and distributions of money and the adjusted basis of property distributed to you from the partnership. Do not include the amount of property distributions included in the partner's income (taxable income)	7. <u>251,292.</u>
Caution: A distribution may be taxable if the amount exceeds your adjusted basis of your partnership interest immediately before the distribution.	
8. Your decreased share of partnership liabilities and any decrease in your individual liabilities because they were assumed by the partnership. (Subtract your share of liabilities shown in item K of your 2020 Schedule K-1 from your share of liabilities shown in item K of your 2019 Schedule K-1 and add the amount of your individual liabilities that the partnership assumed during the tax year (but not less than zero))	8. <u>_____</u>
9. Your share of the partnership's nondeductible expenses that are not capital expenditures	9. <u>7,654.</u>
10. Your share of the partnership's losses and deductions (including capital losses). However, include your share of the partnership's section 179 expense deduction for this year even if you cannot deduct all of it because of limitations	10. <u>SEE STATEMENT 21</u> <u>775.</u>
11. The amount of your deduction for depletion of any partnership oil and gas property, not to exceed your allocable share of the adjusted basis of that property	11. <u>_____</u>
12. Your adjusted basis in the partnership at end of this tax year. (Add lines 1 through 6 and subtract lines 7 through 11 from the total. If zero or less, enter -0.)	12. <u>118,213.</u>

Caution: The deduction for your share of the partnership's losses and deductions is limited to your adjusted basis in your partnership interest. If you entered zero on line 12 and the amount figured for line 12 was less than zero, a portion of your share of the partnership losses and deductions may not be deductible.

FORM 1040		WAGES RECEIVED AND TAXES WITHHELD				STATEMENT 1	
T	S	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	UNIVERSAL CITY STUDIOS LLC	61.			1.	4.	1.
T	GEP TALENT SERVICES LLC	9.	2.	1.		1.	0.
T	CAST & CREW TALENT SERVICES LLC	1,955.	236.	69.	20.	121.	28.
TOTALS		2,025.	238.	70.	21.	126.	29.

FORM 1040		QUALIFIED DIVIDENDS		STATEMENT 2
NAME OF PAYER		ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	
FIDELITY 2746			1,088.	564.
TOTAL INCLUDED IN FORM 1040, LINE 3A				564.

FORM 1040		TAX	STATEMENT 3
DESCRIPTION		AMOUNT	
FROM QUALIFIED DIVIDENDS AND CAPITAL GAIN WORKSHEET			19,445.
TOTAL TO FORM 1040, LINE 16			19,445.

FORM 1040		FEDERAL INCOME TAX WITHHELD - FORM(S) W-2	STATEMENT 4
T	S	DESCRIPTION	AMOUNT
T		GEP TALENT SERVICES LLC	2.
T		CAST & CREW TALENT SERVICES LLC	236.
TOTAL TO FORM 1040, LINE 25A			238.

FORM 1040	CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR	STATEMENT 5
DESCRIPTION	AMOUNT	
1ST QTR ESTIMATE PAYMENT	35,700.	
TOTAL TO FORM 1040, LINE 26	35,700.	

SCHEDULE 1 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 6

DANIEL J. SEAVEY		
CV ENTERTAINMENT, LLC		
1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	2,299.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	159,023.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	159,023.
4	DIVIDE LINE 2 BY LINE 3	1.0000
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	10,542.
6	LINE 4 TIMES LINE 5	10,542.
7	LINE 2 MINUS LINE 6	148,481.
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	0.
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	148,481.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	
11	LINE 9 MINUS LINE 10	148,481.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	2,299.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 7
DESCRIPTION		AMOUNT
STATE DISABILITY INSURANCE - UNIVERSAL CITY STUDIOS LLC		1.
GEP TALENT SERVICES LLC		1.
CAST & CREW TALENT SERVICES LLC		69.
STATE DISABILITY INSURANCE - CAST & CREW TALENT SERVICES LLC		20.
CALIFORNIA 2ND QTR ESTIMATE PAYMENTS		6,600.
CALIFORNIA 3RD QTR ESTIMATE PAYMENTS		15,000.
TOTAL TO SCHEDULE A, LINE 5A		21,691.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 8
DESCRIPTION		AMOUNT
DOCTORS, DENTISTS, ETC.		775.
TOTAL TO SCHEDULE A, LINE 1		775.

SCHEDULE D	SHORT-TERM CAPITAL GAINS AND LOSSES	STATEMENT 9			
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR OTHER BASIS	GAIN OR LOSS
FIDELITY 2746 - SHORT TERM			12,564.	12,237.	327.
TOTAL TO SCH D, LINE 1A			12,564.	12,237.	327.

SCHEDULE D	LONG-TERM CAPITAL GAINS AND LOSSES	STATEMENT 10			
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR OTHER BASIS	GAIN OR LOSS
FIDELITY 2746 - LONG TERM			25,834.	31,119.	-5,285.
TOTAL TO SCH D, LINE 8A			25,834.	31,119.	-5,285.

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT 11
NAME OF PAYER		TOTAL CAPITAL GAIN
FIDELITY 2746		28% GAIN
TOTALS TO SCHEDULE D, LINE 13	61.	61.

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 12
1. ENTER THE AMOUNT FROM FORM 1040, LINE 15		105,898.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT		3,000.
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-		108,898.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000.
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT		
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15		
7. ADD LINES 4 AND 6		
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-		
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT		5,224.
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7		327.
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-		3,000.
12. ADD LINES 10 AND 11		3,327.
13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0-		1,897.

SCHEDULE E	OTHER INCOME	STATEMENT 13
ROYALTIES		
DESCRIPTION		AMOUNT
AMERICAN SOCIETY OF COMPOSERS - ROYALTIES FROM 10 SOUNDEXCHANGE INC - ROYALTIES FROM 1099-MISC		2,903. 18,538.
TOTAL TO SCHEDULE E, PAGE 1		21,441.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 14
DESCRIPTION		AMOUNT
CV ENTERTAINMENT, LLC		159,023.
TOTAL TO SCHEDULE SE, LINE 2		159,023.

FORM 1116

U.S. CAPITAL LOSS RECLASSIFICATION
SECTION 904(B)(2)(A)

STATEMENT 15

- 1 TOTAL CAPITAL GAINS LESS CAPITAL LOSSES.
NOT LESS THAN ZERO.
- 2 GENERAL LIMITATION CAPITAL GAINS LESS
CAPITAL LOSSES. NOT LESS THAN ZERO.
- 3 PASSIVE CAPITAL GAINS LESS CAPITAL LOSSES.
NOT LESS THAN ZERO. 4.
- 4 SECTION 951A CAPITAL GAINS LESS CAPITAL
LOSSES. NOT LESS THAN ZERO.
- 5 FOREIGN BRANCH CAPITAL GAINS LESS CAPITAL
LOSSES. NOT LESS THAN ZERO.
- 6 SEC 901(J) INCOME CAPITAL GAINS LESS CAPITAL
LOSSES. NOT LESS THAN ZERO.
- 7 RE-SOURCED BY TREATY INCOME CAPITAL GAINS
LESS CAPITAL LOSSES. NOT LESS THAN ZERO.
- 8 TOTAL FOREIGN CAPITAL GAINS. ADD LINES 2
THROUGH 7. 4.
- 9 SUBTRACT LINE 1 FROM LINE 8. IF GREATER THAN
ZERO, GO TO LINE 10. 4.
- 10 U.S. CAPITAL GAINS LESS CAPITAL LOSSES.
NOT MORE THAN ZERO. -4,901.
- 11 ENTER THE SMALLER OF: LINE 9 OR THE ABSOLUTE
VALUE OF LINE 10. 4.
- 12 GENERAL LIMITATION REALLOCATION. LINE 11
TIMES THE RATIO OF LINE 2 OVER LINE 8.
- 13 PASSIVE REALLOCATION. LINE 11 TIMES THE
RATIO OF LINE 3 OVER LINE 8. 4.
- 14 SECTION 951A REALLOCATION. LINE 11
TIMES THE RATIO OF LINE 4 OVER LINE 8.
- 15 FOREIGN BRANCH REALLOCATION. LINE 11
TIMES THE RATIO OF LINE 5 OVER LINE 8.
- 16 SEC 901(J) INCOME REALLOCATION. LINE 11
TIMES THE RATIO OF LINE 6 OVER LINE 8.
- 17 RE-SOURCED BY TREATY INCOME REALLOCATION.
LINE 11 TIMES THE RATION OF LINE 7 OVER
LINE 8.

FORM 1116

ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT
U.S. CAPITAL LOSS RECLASSIFICATION
SECTION 904(B)(2)(A)

STATEMENT 16

1 TOTAL CAPITAL GAINS LESS CAPITAL LOSSES.
NOT LESS THAN ZERO.

2 GENERAL LIMITATION CAPITAL GAINS LESS
CAPITAL LOSSES. NOT LESS THAN ZERO.

3 PASSIVE CAPITAL GAINS LESS CAPITAL LOSSES.
NOT LESS THAN ZERO. 4.

4 SECTION 951A CAPITAL GAINS LESS CAPITAL
LOSSES. NOT LESS THAN ZERO.

5 FOREIGN BRANCH CAPITAL GAINS LESS CAPITAL
LOSSES. NOT LESS THAN ZERO.

6 SEC 901(J) INCOME CAPITAL GAINS LESS CAPITAL
LOSSES. NOT LESS THAN ZERO.

7 RE-SOURCED BY TREATY INCOME CAPITAL GAINS
LESS CAPITAL LOSSES. NOT LESS THAN ZERO.

8 TOTAL FOREIGN CAPITAL GAINS. ADD LINES 2
THROUGH 7. 4.

9 SUBTRACT LINE 1 FROM LINE 8. IF GREATER THAN
ZERO, GO TO LINE 10. 4.

10 U.S. CAPITAL GAINS LESS CAPITAL LOSSES.
NOT MORE THAN ZERO. -4,901.

11 ENTER THE SMALLER OF: LINE 9 OR THE ABSOLUTE
VALUE OF LINE 10. 4.

12 GENERAL LIMITATION REALLOCATION. LINE 11
TIMES THE RATIO OF LINE 2 OVER LINE 8.

13 PASSIVE REALLOCATION. LINE 11 TIMES THE
RATIO OF LINE 3 OVER LINE 8. 4.

14 SECTION 951A REALLOCATION. LINE 11
TIMES THE RATIO OF LINE 4 OVER LINE 8.

15 FOREIGN BRANCH REALLOCATION. LINE 11
TIMES THE RATIO OF LINE 5 OVER LINE 8.

16 SEC 901(J) INCOME REALLOCATION. LINE 11
TIMES THE RATIO OF LINE 6 OVER LINE 8.

17 RE-SOURCED BY TREATY INCOME REALLOCATION.
LINE 11 TIMES THE RATIO OF LINE 7 OVER
LINE 8.

FORM 8995

QUALIFIED REIT DIVIDENDS AND PTP INCOME

STATEMENT 17

NAME OF ENTITY/ACTIVITY

REIT DIVIDENDS

PTP INCOME

FIDELITY 2746

25.

TOTAL TO FORM 8995, LINE 6

25.

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 18
FOREIGN DIVIDEND INCOME

DESCRIPTION	AMOUNT
FIDELITY 2746	49.
TOTAL FOREIGN DIVIDEND INCOME	49.

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 19
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

DESCRIPTION	INCOME	LOSS
CV ENTERTAINMENT, LLC	159,023.	
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	159,023.	

PARTNERSHIP BASIS WKST DECREASES IN BASIS STATEMENT 20

CV ENTERTAINMENT, LLC	
DESCRIPTION	AMOUNT
OTHER DEDUCTIONS	775.
INCLUDED IN BASIS WORKSHEET, LINE 10	775.

AMT PARTNERSHIP DECREASES IN BASIS STATEMENT 21
BASIS WORKSHEET

CV ENTERTAINMENT, LLC	
DESCRIPTION	AMOUNT
OTHER DEDUCTIONS	775.
INCLUDED IN BASIS WORKSHEET, LINE 10	775.

Fill in this information to identify your case:

Debtor 1	Daniel James Seavey		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA - SAN FERNANDO		
Case number (if known)			

Check if this is an amended filing

B 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		Unsecured claim
1	WMG Merchandize 511 Union Street, Suite 1200 Nashville, TN 37219	What is the nature of the claim? Merchandize Advance \$200,000.00
		As of the date you file, the claim is: Check all that apply
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		<input checked="" type="checkbox"/> None of the above apply
		Does the creditor have a lien on your property?
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured)
		Value of security: _____
		Unsecured claim _____
2	Artist Group International, Inc. 150 East 58th St., 19th Flr New York, NY 10155	What is the nature of the claim? Tour Advance \$200,000.00
		As of the date you file, the claim is: Check all that apply
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		<input checked="" type="checkbox"/> None of the above apply
		Does the creditor have a lien on your property?
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured)
		Value of security: _____

Debtor 1	<u>Daniel James Seavey</u>	Case number (if known)		
	<u>212 813 1972</u>	Contact phone		
		Unsecured claim		
3	Randy Phillips 9255 Doheny Road, Suite 3102 West Hollywood, CA 90069	What is the nature of the claim?	Loan	\$50,000.00
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		<input checked="" type="checkbox"/> None of the above apply		
		Does the creditor have a lien on your property?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Total claim (secured and unsecured)		
		Value of security:		
		Unsecured claim		
4	Chase Bank P.O. Box 15298 Wilmington, DE 19850-5298	What is the nature of the claim?	Credit Card	\$40,580.00
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		<input checked="" type="checkbox"/> None of the above apply		
		Does the creditor have a lien on your property?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Total claim (secured and unsecured)		
		Value of security:		
		Unsecured claim		
5	Chase Bank P.O. Box 15298 Wilmington, DE 19850-5298	What is the nature of the claim?	Credit Card	\$23,366.00
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		<input checked="" type="checkbox"/> None of the above apply		
		Does the creditor have a lien on your property?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Total claim (secured and unsecured)		
		Value of security:		
		Unsecured claim		
6	American Express PO Box 981535 El Paso, TX 79998	What is the nature of the claim?	Credit Card	\$18,830.00
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		<input checked="" type="checkbox"/> None of the above apply		

Debtor 1	<u>Daniel James Seavey</u>	Case number (if known)
<p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: _____ Unsecured claim: _____</p>		
7	Chase Bank P.O. Box 15298 Wilmington, DE 19850-5298	Credit Card <u>\$18,808.00</u>
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p>		
<p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p>		
<p>800-338-5960 Contact phone _____</p> <p>Value of security: _____ Unsecured claim: _____</p>		
8	American Express PO Box 981535 El Paso, TX 79998	Credit Card <u>\$10,913.00</u>
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p>		
<p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: _____ Unsecured claim: _____</p>		
9	Chase Bank P.O. Box 15298 Wilmington, DE 19850-5298	Credit Card <u>\$10,370.00</u>
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p>		
<p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p>		
<p>800-338-5960 Contact phone _____</p> <p>Value of security: _____ Unsecured claim: _____</p>		
10	What is the nature of the claim?	Credit Card <u>\$9,563.00</u>

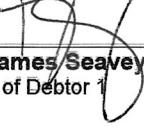
Debtor 1	<u>Daniel James Seavey</u>	Case number (if known)
<p>Chase Bank P.O. Box 15298 Wilmington, DE 19850-5298</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: _____ Unsecured claim _____</p>		
11	<p>Citi Bank PO Box 780198 Phoenix, AZ 85062</p>	<p>What is the nature of the claim? <u>Credit Card</u> <u>\$9,240.00</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: _____ Unsecured claim _____</p>
12	<p>Citi Bank PO Box 780198 Phoenix, AZ 85062</p>	<p>What is the nature of the claim? <u>Credit Card</u> <u>\$7,244.00</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: _____ Unsecured claim _____</p>
13	<p>Atlantic Recording Corporation 1633 Broadway New York, NY 10019</p>	<p>What is the nature of the claim? <u>FOR NOTICING PURPOSES ONLY</u> <u>\$0.00</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) _____</p>

Debtor 1	<u>Daniel James Seavey</u>	Case number (if known)	
<input type="checkbox"/> Contact phone		Value of security: Unsecured claim	- _____ _____
14	What is the nature of the claim?	FOR NOTICING PURPOSES ONLY	\$0.00
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		Value of security: Unsecured claim	- _____ _____
15	What is the nature of the claim?	FOR NOTICING PURPOSES ONLY	\$0.00
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		Value of security: Unsecured claim	- _____ _____
16	What is the nature of the claim?	NOTICING PURPOSES ONLY	\$0.00
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		Value of security: Unsecured claim	- _____ _____
17	What is the nature of the claim?	Artist Agreement	\$0.00
Signature Entertainment, LLC Attn: Steve T. Miller 807 W. Morse Blvd., Suite 101			

Debtor 1 <u>Daniel James Seavey</u>	Case number (if known) _____
Winter Park, FL 32789	As of the date you file, the claim is: Check all that apply
	<input checked="" type="checkbox"/> Contingent
	<input checked="" type="checkbox"/> Unliquidated
	<input checked="" type="checkbox"/> Disputed
	<input type="checkbox"/> None of the above apply
<hr/>	
Does the creditor have a lien on your property?	
	<input checked="" type="checkbox"/> No
Contact _____	<input type="checkbox"/> Yes. Total claim (secured and unsecured) _____
Contact phone _____	Value of security: _____
	Unsecured claim _____

Part 2: **Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X 
Daniel James Seavey
Signature of Debtor 1

X _____
Signature of Debtor 2

Date February 16, 2022

Date _____

Attorney or Party Name, Address, Telephone & FAX Nos.,
 State Bar No. & Email Address
David L. Neale 141225
2818 La Cienega Avenue
Los Angeles, CA 90034
(310) 229-1234
California State Bar Number: 141225 CA
dln@lnbyb.com

FOR COURT USE ONLY

Debtor(s) appearing without an attorney
 Attorney for Debtor

**UNITED STATES BANKRUPTCY COURT
 CENTRAL DISTRICT OF CALIFORNIA - SAN FERNANDO**

In re:

Daniel James Seavey

CASE NO.:

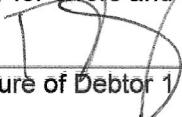
CHAPTER: 11

**VERIFICATION OF MASTER
 MAILING LIST OF CREDITORS**

[LBR 1007-1(a)]

Debtor(s).

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 0 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: February 16, 2022

 Signature of Debtor 1

Date: _____

Signature of Debtor 2 (joint debtor) (if applicable) _____

Date: _____

Signature of Attorney for Debtor (if applicable) _____

Daniel James Seavey
5635 Bellingham Ave
Valley Village, CA 91607

David L. Neale
Levene, Neale, Bender, Yoo & Golubchik L.L.P.
2818 La Cienega Avenue
Los Angeles, CA 90034

U.S. Trustee San Fernando Valley
915 Wilshire Blvd.
Suite 1850
Los Angeles, CA 90017

American Express
PO Box 981535
El Paso, TX 79998

Artist Group International, Inc.
150 East 58th St., 19th Flr
New York, NY 10155

Atlantic Recording Corporation
1633 Broadway
New York, NY 10019

Barnes & Thornburg LLP
Attn: Joel Katz and Jason M. Karlov
2029 Century Park East, 3rd Floor
Los Angeles, CA 90067

Charles E. Muller, II
7385 Galloway Road
Suite 200
Miami, FL 33173

Chase
700 Kansas Lane

Chase Bank
P.O. Box 15298
Wilmington, DE 19850-5298

Citi Bank
PO Box 780198
Phoenix, AZ 85062

EMI, a division of Universal Music
4 Panaras Square
London, N1C 4AG

Gordon Su
355 1st Street
Apt. S2109
San Francisco, CA 94105

Jeffrey Seavey
4500 Via Marina
#124
Marina Del Rey, CA 90292

Kobalt Music Services America, Inc.
2 Gansevoort Street
New York, NY 10014

Los Angeles County Tax Collector
PO Box 54018
Los Angeles, CA 90054

Michael R. Levin
Baker & Hostetler, LLP
200 S. Orange Avenue, Suite 2300
Orlando, FL 32801

MIR Partners, Inc dba Sessions
201 Spear Street
Suite 220
San Francisco, CA 94105

Randy Phillips
9255 Doheny Road, Suite 3102
West Hollywood, CA 90069

Signature Entertainment, LLC
Attn: Steve T. Miller
807 W. Morse Blvd., Suite 101
Winter Park, FL 32789

Tesla Finance
45500 Freemont Blvd.
Fremont, CA 94538

WMG Merchandize
511 Union Street, Suite 1200
Nashville, TN 37219